

STAGE I & STAGE II SELF INSPECTION CHECKLIST

Comments

Facility Name:_	
Address:	

Dispenser #																					
Nozzel #																					
Nozzel condition																					Shutoff working/no leaks
Boot (if required)																					No rips or tears
Hose																					No kinks or flat spo
Hose Length																					Excess on ground
Breakaway																					No cracks
Retractor																					Working freely
Swivel																					Moves freely
Blockage																					No Gas in vapor lin
Vapor Emmissions																					No Strong odor or visible fumes
TANKS Fill Sul Dry Pre Comments	om Boss	erg rea	jed ks:	Fi	II T	ube	es:_					<u> </u>									
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Any questions contact: NH-DES Air Resources Division (1-800-498-6868)

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